

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
43159

1. PLACE OF DEATH

County Sullivan
Township Morris
City No.

Registration District No. 857
Primary Registration District No. 6125

File No. 1
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Sarah Catherine Jacobs

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel B. Jacobs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 1844
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 0 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on farm
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

13. NAME John Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Catherine Beck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Ellen A. Hubler

18. BURIAL, CREMATION, OR REMOVAL Crowning
PLACE Pickens Cemetery DATE Jan. 1 - 1932

19. UNDERTAKER (ADDRESS) Chas E. Hurt
Green City Mo

20. FILED Jan 8 1932 Ben Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 - 1931
22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1928 to Dec 30 1931
I last saw him alive on Dec 30 1931 Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

Dilatation of Heart
95 B
162
Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? A Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. B. Cohen, M. D.
(Address) Winifred Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

